WISCONSIN
COMMUNITY FORENSIC SERVICES
DIVISION OF CARE AND TREATMENT FACILITIES
DEPARTMENT OF HEALTH AND FAMILY SERVICES

ANNUAL REPORT

CONDITIONAL RELEASE PROGRAM
AND
OUTPATIENT COMPETENCY PROGRAM
JULY 1, 2002 – JUNE 30, 2003

CONTENTS

Community Forensic Services Regional Provider Map

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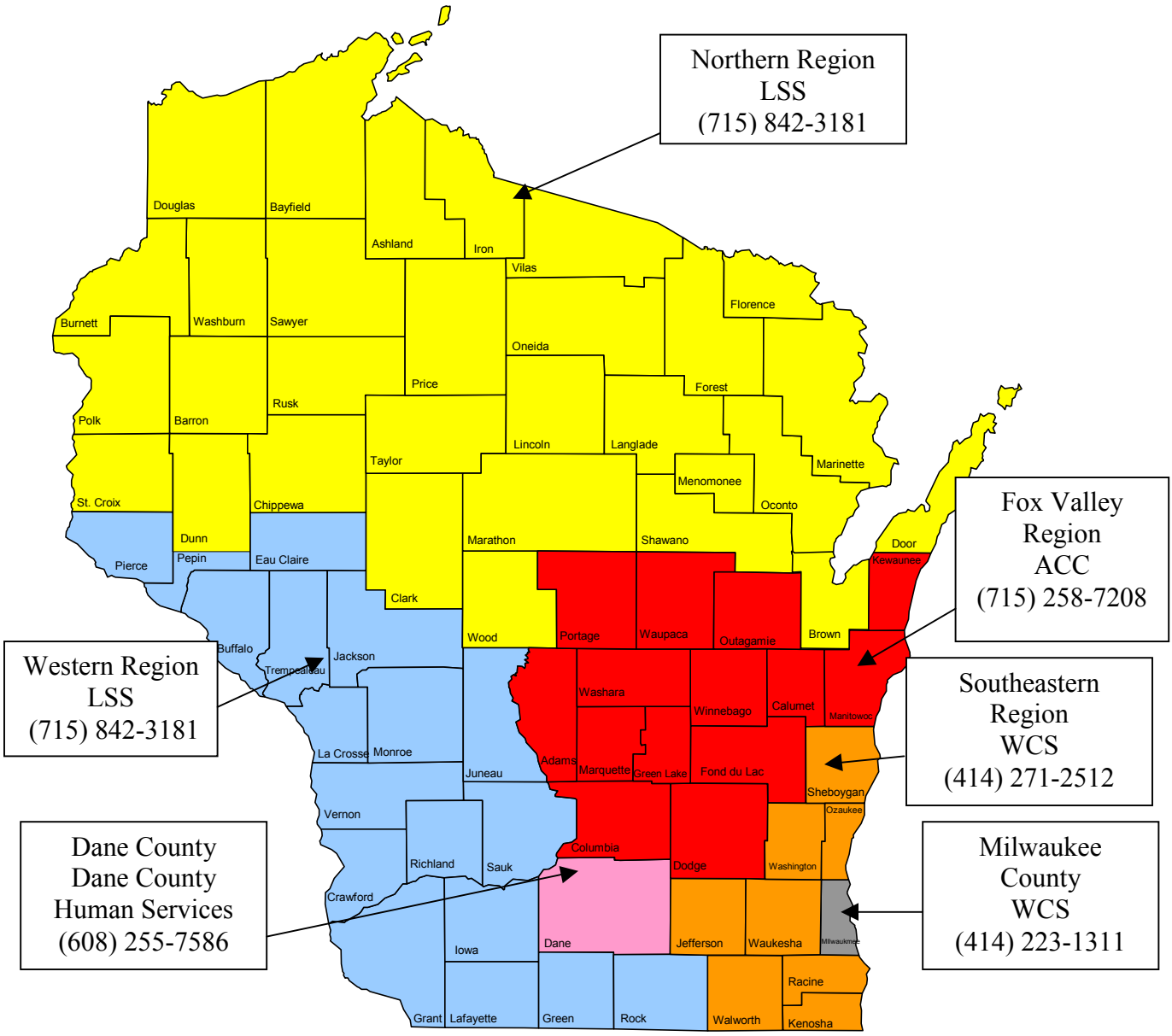

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PROGRAM MISSION STATEMENT

The mission of Wisconsin's Conditional Release Program is to fund, coordinate and administer quality forensic mental health services in accordance with Wisconsin State Statute 971.17. The program seeks to meet the challenge of reintegrating this population successfully into community living, while insuring community safety.

The purpose of this report is to assess the fulfillment of our mission, and lay the groundwork for research and program development. This report also reflects the belief that services to forensic clients must be a well-coordinated, seamless service delivery system. Therefore, information from the Department of Corrections (DOC) Division of Community Corrections (DCC), Mendota Mental Health Institute (MMHI) and Winnebago Mental Health Institute (WMHI) are incorporated along with the community service providers.

In order to fulfill our mission, the community forensic program strives to share innovative ideas, program successes, program concerns, resource development, information and data to the betterment of community forensic service provision statewide. We have developed a strong team relationship across departments as well as with private resources in order to maximize efficiency, effectiveness and quality service provision to the forensic population court ordered into the community.

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ANNUAL OVERVIEW
FY 03 ACCOMPLISHMENTS

1. Budget Reduction Measures Implemented:
   - Concerted efforts to move people out of Community Based Residential Facilities (CBRF's) in 90 days rather than in 180 days resulted in an overall program increase in use of supported living situations and living situations involving family, as well as a 1.5% reduction in use of CBRF/Adult Foster Care placements.
   - All budget reduction measures were implemented including curtailing travel wherever possible, reducing the number of support staff positions utilized by providers; reducing the number of miles traveled by case managers by designating days they are assigned on the road and in the office, etc. These and other reductions resulted in an overall program reduction in GPR cost/ADP of $1883/ADP. The program wide savings generated was $480,165. An amazing savings in a program with such high standards of care for clients as well as a goal of community safety!

2. Best Practices for Community Forensic Care
   - Standard "Best Practices" for community forensic care are virtually non-existent in the world of forensic patient care and treatment.
   - Lutheran Social Services – Northern and Western Regions - will continue coordinating a committee to begin to develop best practices for community forensic care. This committee will be comprised of representatives from each region and Conditional Release Program administrative staff. This committee will remain in contact with the National Association of State Mental Health Program Directors (NASMHPD).
   - Due to time constraints and budget issues, this area has not been completed this year but will remain a goal for FY04. We have begun preliminary work on establishing a Patient's Rights/Grievance Procedure for the Conditional Release population. This will be completed soon with the Office of Clients Rights.

3. Inpatient Population Management
   - The Forensic System Workgroup was formed to review all current NGI commitments at the Mental Health Institutes and make recommendations as to their readiness for community placement.
   - This workgroup developed a rating scale to be used by the MHI staff and the Community Provider staff. Each client was rated and a spreadsheet compiled where the ratings were sorted by category and a list of those in which there was agreement about readiness to move to the community was generated. Case managers and institute staff are working together to facilitate petitioning the court, developing treatment plans and tracking on the petitions to keep them moving through the court system in order to move more appropriate NGI clients into the Conditional Release program in a timely manner. This should result in vacant forensic beds at the MHI's in FY04.

4. Vocational Assessments

- Despite budget cuts in FY03, CTA has been able to develop a partnership with DVR and request vocational assessment services through an independent contractor with the cost being covered by DVR. While DVR generally has a waiting list for services CR clients in Dane County are often able to move up on the list because they are deemed most seriously in need of services. This partnership as well as diligence by staff in assisting clients seek employment has resulted in an increase in competitively employed clients in Dane County. Program wide, we experienced a 2.5% increase in competitive employment over FY02.

7. Key Areas of Client Care for Comparison Purposes

- **Employment**: Competitive employment increased 2.5% up to 51.5% of the CR population, Sheltered employment increased .8% up to 8.8% of the population. Volunteer/Supportive employment decreased slightly from 8.0% to 6.5%. Not Employed or Retired decreased from 29% to 27.2%. This is a very significant improvement from the previous fiscal year. The previous year had been viewed as quite impressive in terms of the percentage of the population which was employed and therefore contributing to the cost of their care, but this year marks a significant increase! The program's goal of moving individuals to their highest level of independence is certainly being achieved in the area of employment.
- **Living Arrangement**: There was a slight decrease in the percentage of individuals living independently from FY02 approximately 3.3%. The percentage of individuals living independently is 63.7%. There was a decrease in use of CBRF/Adult Foster Care placements, 17% to 15.5%. The most interesting statistic is the increase in Supported living with Family Members. There was an increase from 14% to 18.4%. These data speak very strongly to the commitment to individuals reaching their highest level of independent functioning while under commitment to DHFS.
- **Program Cost**: As mentioned previously, the cost per ADP decreased from $13,269 in FY02 to $11,386 in FY03. The ADP for FY03 was 255 which generated a program wide savings of $480,165.

6. Standardized Client Survey

- LSS developed a Client Satisfaction Survey and has a response rate of approximately 50%. They will continue this survey in FY04 and we will look into using it in other regions as well.

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FY 2004 GOALS AND INITIATIVES

1. Best Practices for Community Forensic Care

   - Standard "Best Practices" for community forensic care are virtually non-existent in the world of forensic care and treatment.
   - Lutheran Social Services-Northern and Western Regions will make efforts to convene the committee comprised of representatives from each region and Conditional Release program administrative staff. This committee has remained in contact with the National Association of State Mental Health Program Directors (NASMHPD) to coordinate what we are working on with what is happening elsewhere in the country.
   - This project has been a long-term goal and we will continue working on it as time allows.

2. Highlight key areas of client care for program comparison and evaluation as they relate to community integration services and clients' move toward successful independent living.

   - **Employment**: Maintain or increase high level of employment
   - **Living Arrangements**: Decrease dependence on CBRF's where better alternatives exist or can be created. Increase independent living.
   - **Reduce recidivism**: Increase use of alternatives in the community including increasing supervision contacts by DCC to reduce risks in the community and decrease recidivism.
   - **Program Cost**: Maintain high level of client contributions, MA reimbursement and third party insurance reimbursement
     - Increase availability of MAPP funding
     - Increase usage of MA crisis management funding wherever possible to reduce cost of CBRF placements
     - Continue exploring use of waiver programs wherever feasible.

3. Increase training provided to program support systems such as Judges, Attorney's court clerks; DCC staff; Community Mental Health Providers; local politicians and law enforcement personnel.
4. Improve accuracy of database information on all clients in Conditional Release Program (CRP) by expanding FSIS database availability to providers.

   - Providers will do direct entry into database
   - All providers will have access to real time data
   - Reports on overall program as well as region specific will be accessible by program staff and providers

5. Development of a functional needs assessment instrument to be used on all new CR clients as they enter the program.
6. Development of Individualized Service Plans (ISP's) for all Conditional Release clients that reflect client goals in measurable terms and demonstrate progress toward goals. Work on use of functional needs assessment and incorporate the outcome into the development of the ISP for each CR client.
7. Research project incorporating results from the revocation study into a longer-term research format resulting in recommendations for system improvements.
8. Clarification and improved implementation of Clients Rights Grievance Procedure for conditional release clients.
9. Develop and implement program wide Client Satisfaction Survey.

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SUMMARY AND CLOSING

This has been an exceptional year for the Conditional Release Program. We maintained our goals of continually encouraging our clients to reach their highest level of independent functioning while maintaining community safety! Again this fiscal year the vast majority of CR clients lived independently (64%), the majority were competitively employed (52%) and the rate of re-offense remained extremely low (4.5%) overall. The re-offense rate for violent crimes was 1.6% and non-violent crimes 2.9%. These re-offense rates remain well below the national average. As a result of our clients and our contract provider's diligence and hard work, the cost per client was reduced approximately $1800 per Average Daily Population(ADP). This generated a cost savings program wide of approximately $480,000. In this fiscal year, we also began a joint initiative with the Mental Health Institutes (MHIs) to regularly review and rate all inpatients who have been found Not guilty by reason of Mental Disease or Defect (NGI) on a monthly basis to determine their readiness for community placement. In this way we are making positive strides to build a forensic team between the institute and community forensic staff to more effectively serve the forensic clients and maintain a very high degree of community safety. It has been a very productive and successful year for the CR clients, staff, MHI staff and the citizens of the state.

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CONDITIONAL RELEASE PROGRAM DATA

JULY 1, 2002 – JUNE 30, 2003

MULTIPLE YEAR COMPARISON DATA

Conditional Release Comparison

Population Data	FY00	FY01	FY02	FY03
Total Served	343	358	373	375
ADP	231	244	251	255

New CR Commitments	FY00	FY01	FY02	FY03
Direct Court	75	68	80	85
MHI	42	37	35	41
Total CR Admissions	117	105	115	126

Revocation Data	FY00	FY01	FY02	FY03
% Revoked	7.3%	7.0%	8.0%	12.3%
Violent Offense	0.6%	0.6%	0.8%	1.6%
Nonviolent Offense	2.3%	1.1%	1.0%	2.9%
Other/Rule Violation	4.4%	5.3%	6.2%	7.8%

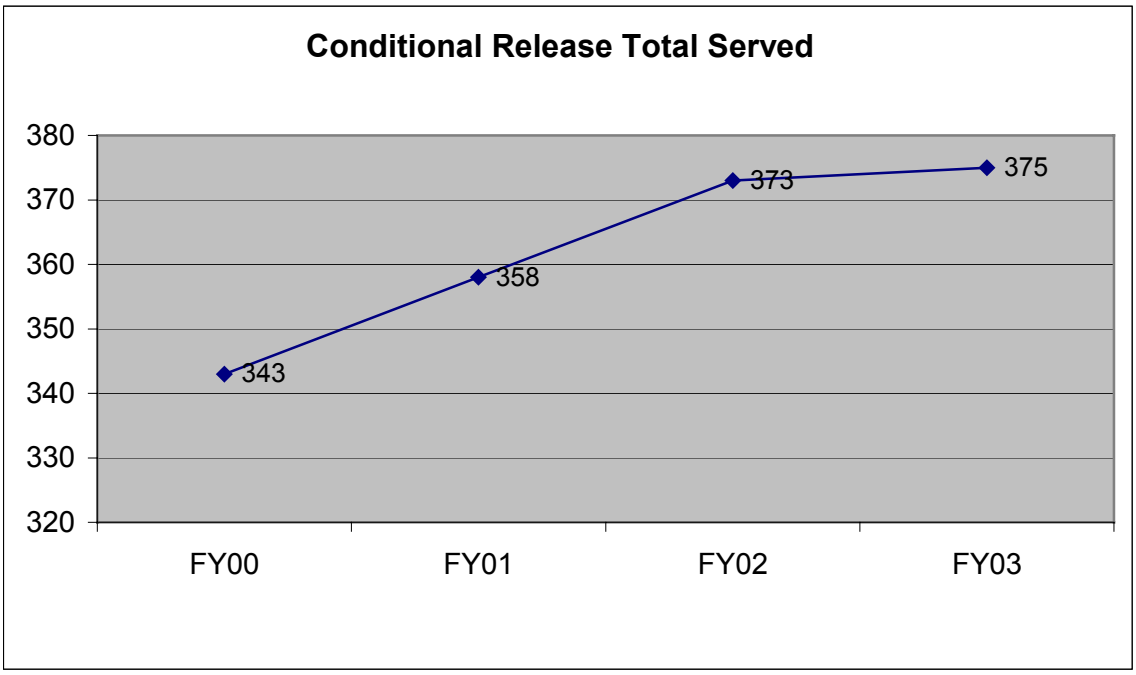
Living Situation	FY00	FY01	FY02	FY03
Independent	64.0%	70.0%	67.0%	63.7%
CBRF/Adult Foster	26.0%	23.0%	17.0%	15.5%
Supported/With Family	6.0%	6.0%	14.0%	18.4%
Other	4.0%	2.0%	1.0%	2.4%

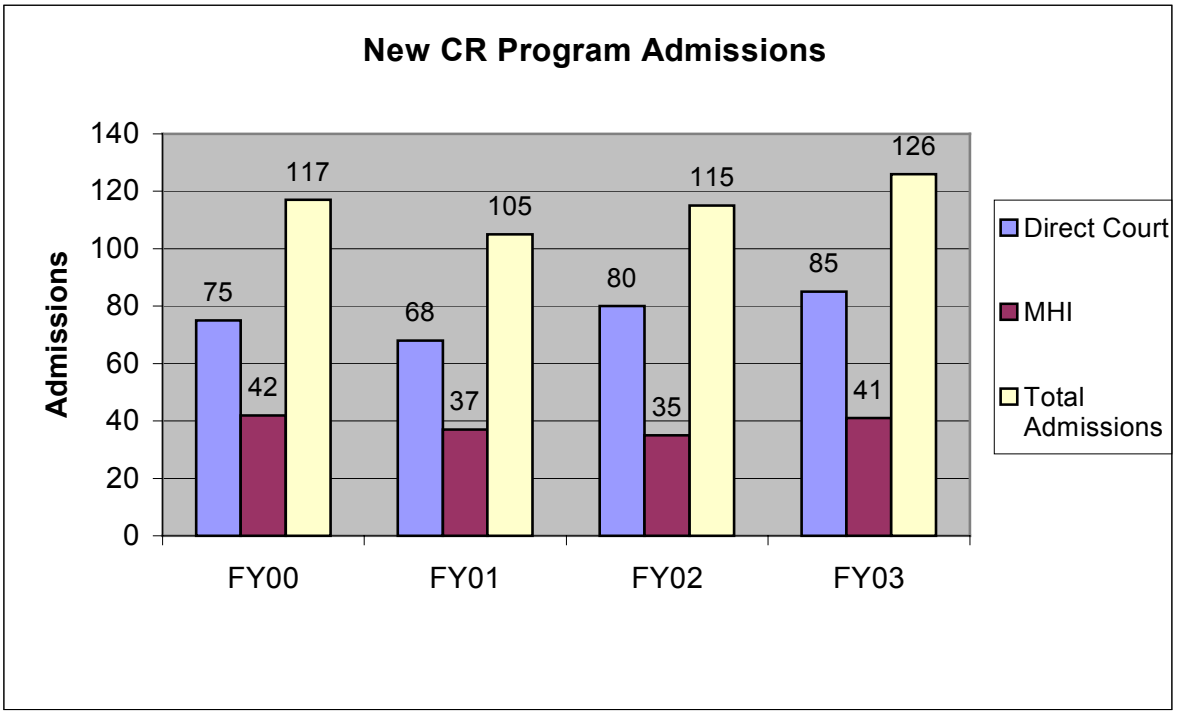
Employment	FY00	FY01	FY02	FY03
Competitive		47.0%	49.0%	51.5%
Sheltered		12.0%	8.0%	8.8%
Volunteer/Supportive		6.0%	8.0%	6.5%
Not Employed/Retired		33.0%	29.0%	27.2%
School		1.0%	5.0%	3.5%

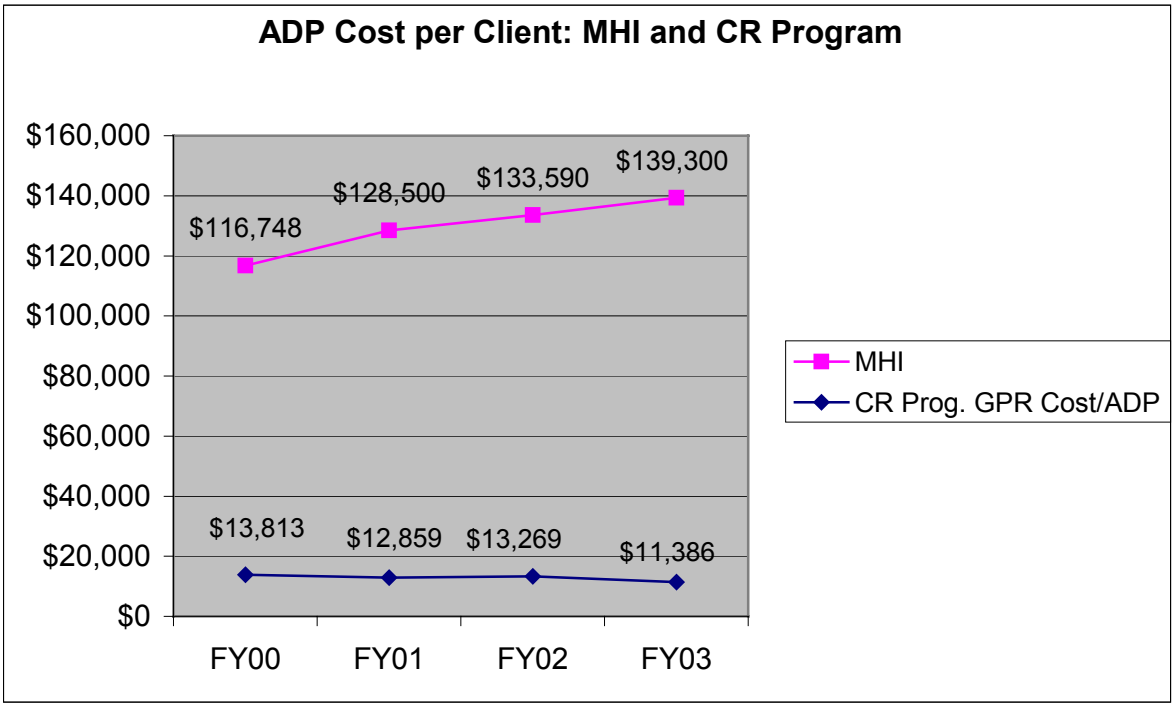
Crime at Commitment	FY00	FY01	FY02	FY03
Felony - violent	64.0%	63.0%	65.0%	56%
Felony - nonviolent	33.0%	26.0%	26.0%	31.7%
Total Felony	92.0%	92.0%	90.0%	88.2%
Misdemeanor - violent	1.0%	2.0%	3.0%	5.8%
Misdemeanor - nonviolent	7.0%	8.0%	6.0%	6.0%
Total Misdemeanor	8.0%	11.0%	8.0%	11.6%

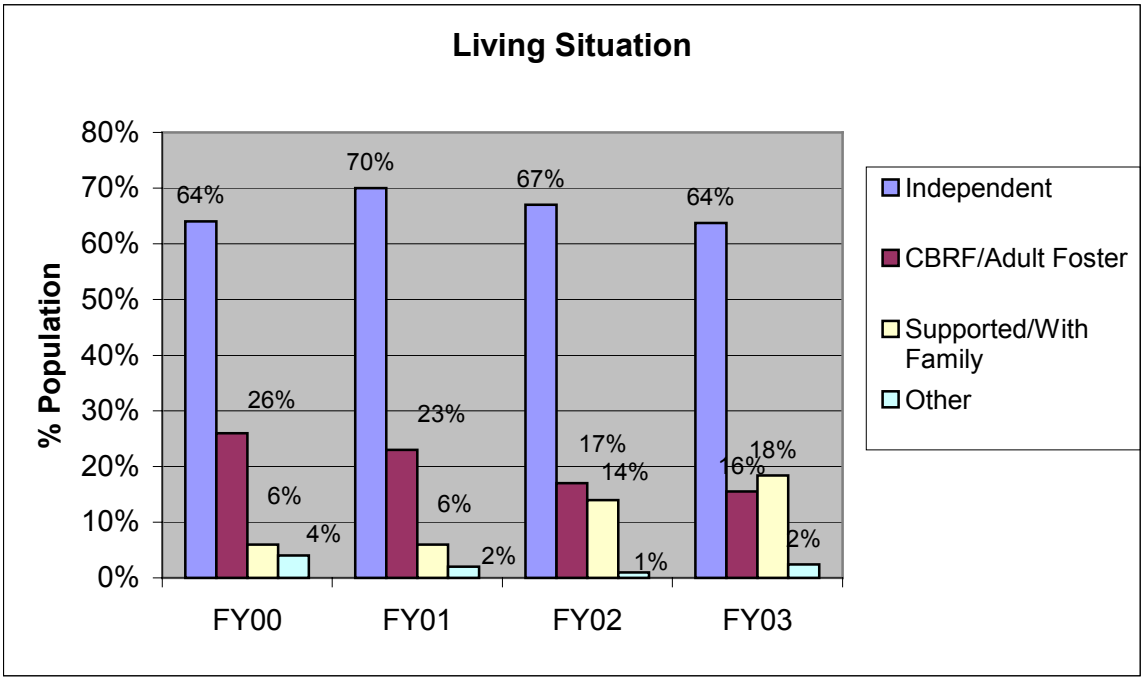
Treatment & AODA	FY00	FY01	FY02	FY03
Schizophrenia	38.0%	34.0%	30.0%	33.3%
Mood Disorder	45.0%	46.0%	32.0%	29.2%
DD	4.0%	3.0%	3.0%	2.4%
Co-occurring	32.0%	40.0%	41.0%	38.3%

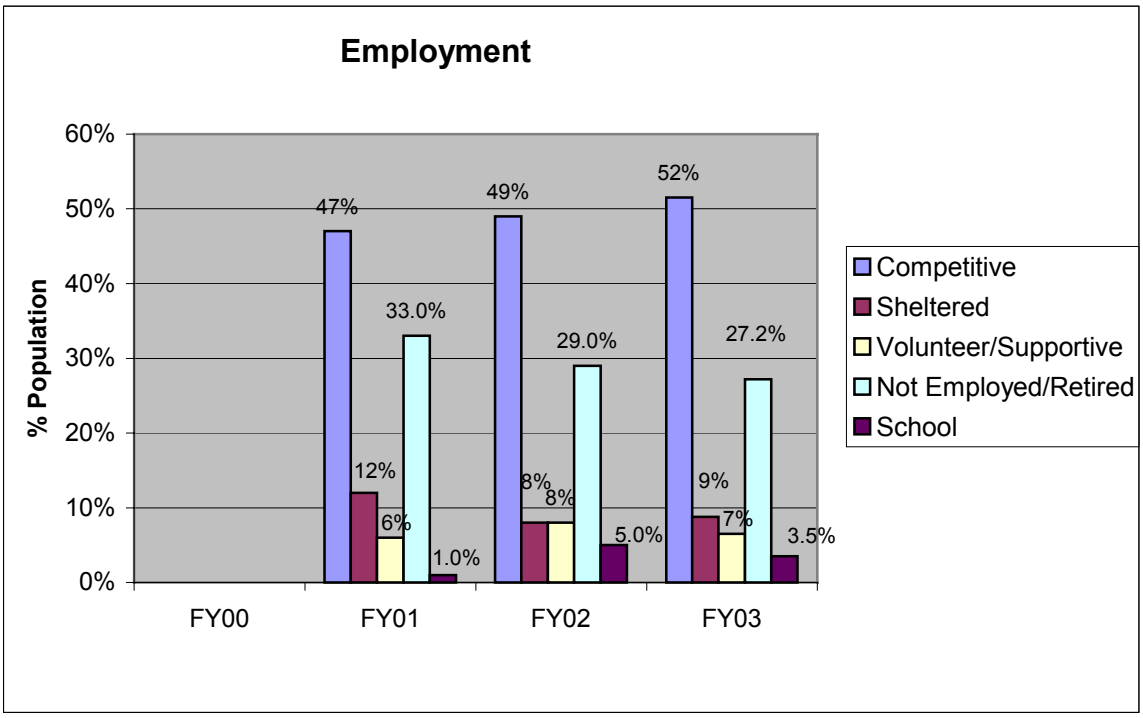
Cost per Total Client	FY00	FY01	FY02	FY03
MHI	$116,748	$128,500	$133,590	$139,300
Total Cost/ADP	$28,437	$27,192	$30,467	$30,749
Total Cost/Total Served	$19,151	$19,011	$20,502	$20,909
GPR Only Cost/ADP	$13,813	$12,859	$13,269	$11,386
GPR Only Cost/Total Served	$10,373	$8,942	$8,930	$7,742

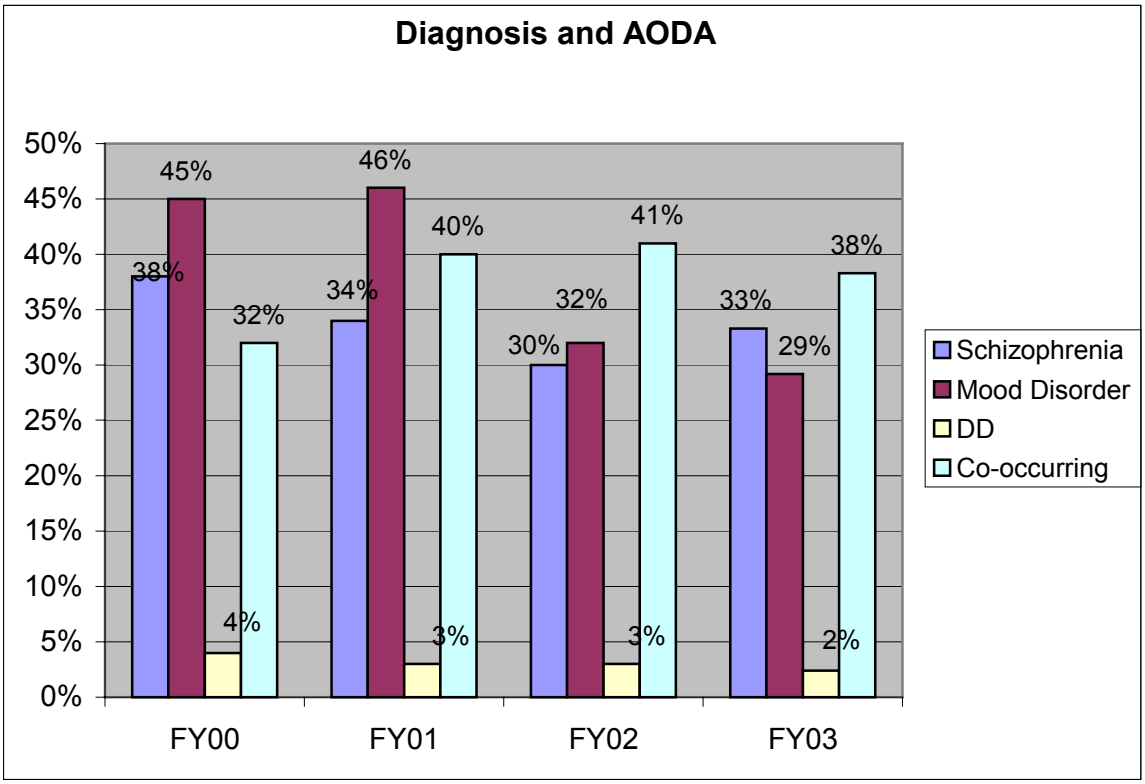

Conditional Release Total Served
380
370
360
350
340
330
320
343
358
373
375
FY00
FY01
FY02
FY03

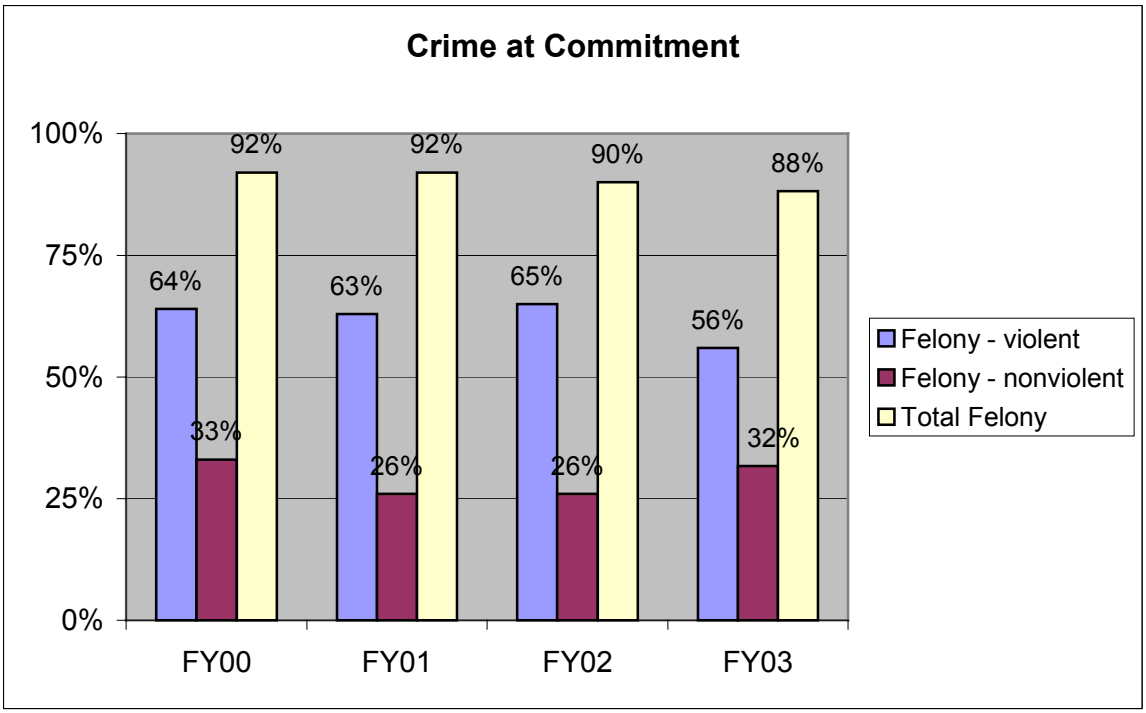

New CR Program Admissions
Admissions
140
120
100
80
60
40
20
0
75
42
117
68
37
105
80
35
115
85
41
126
FY00
FY01
FY02
FY03
Direct Court
MHI
Total Admissions

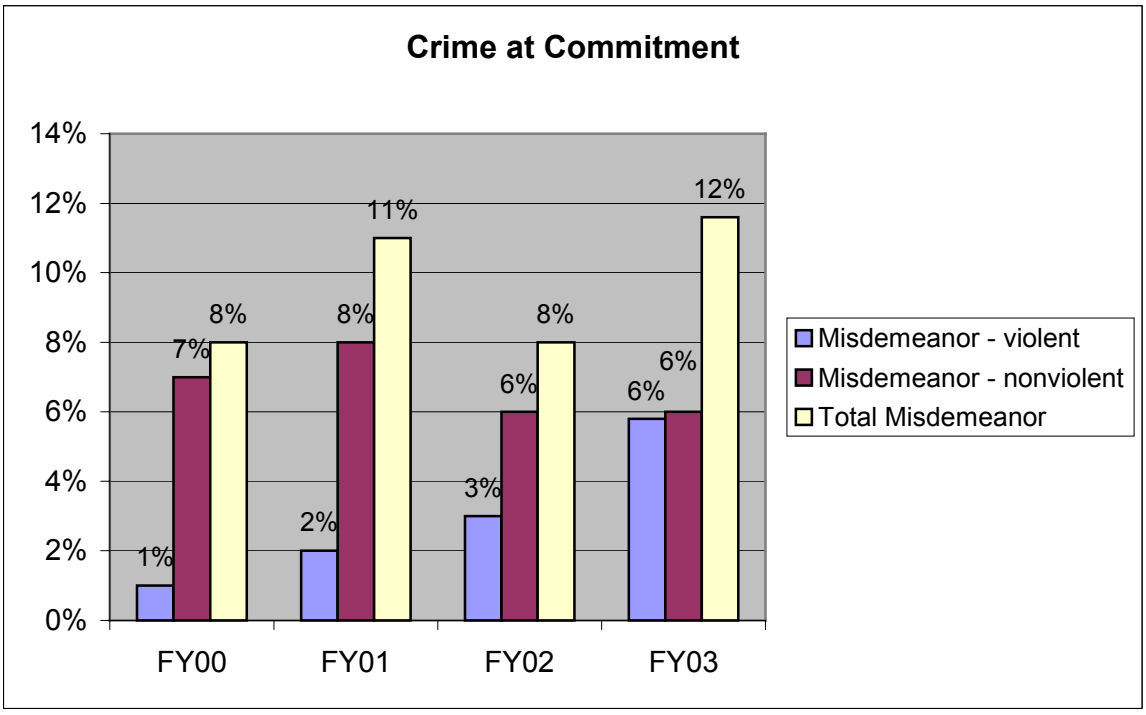

ADP Cost per Client: MHI and CR Program
$160,000
$140,000
$120,000
$100,000
$80,000
$60,000
$40,000
$20,000
$0
$116,748
$128,500
$133,590
$139,300
$13,813
$12,859
$13,269
$11,386
FY00
FY01
FY02
FY03
MHI
CR Prog. GPR Cost/ADP

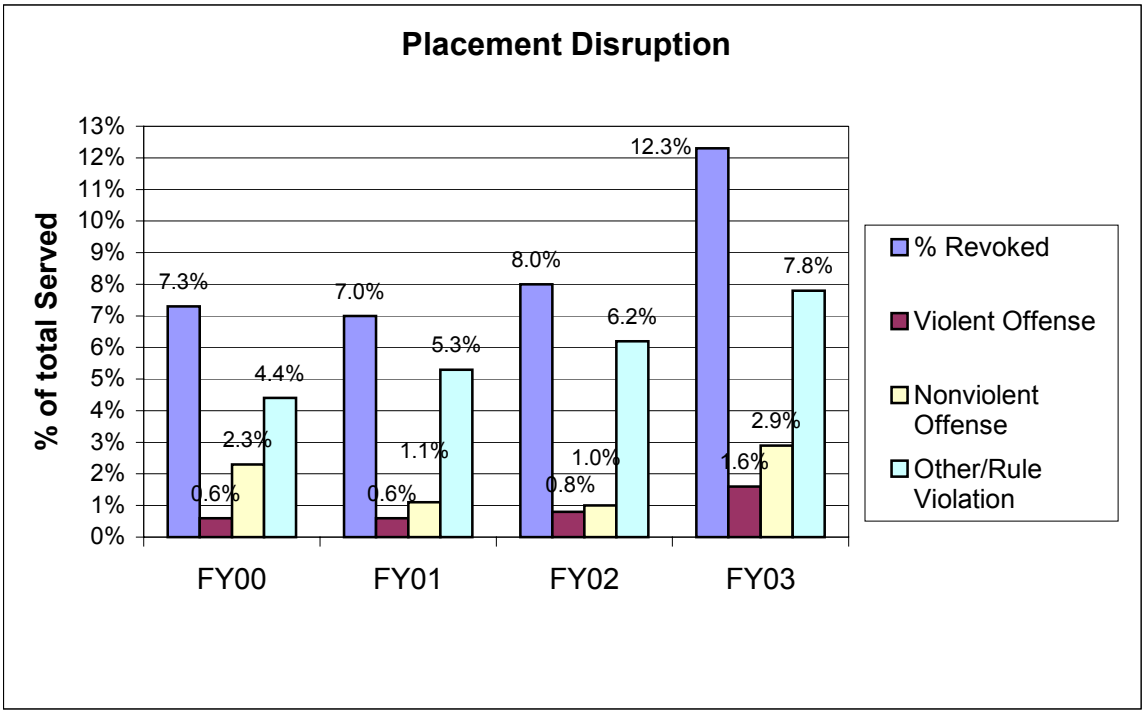

Living Situation
% Population
80%
70%
60%
50%
40%
30%
20%
10%
0%
64%
26%
6%
4%
70%
23%
6%
2%
67%
17%
14%
1%
64%
16%
18%
2%
FY00
FY01
FY02
FY03
Independent
CBRF/Adult Foster
Supported/With Family
Other

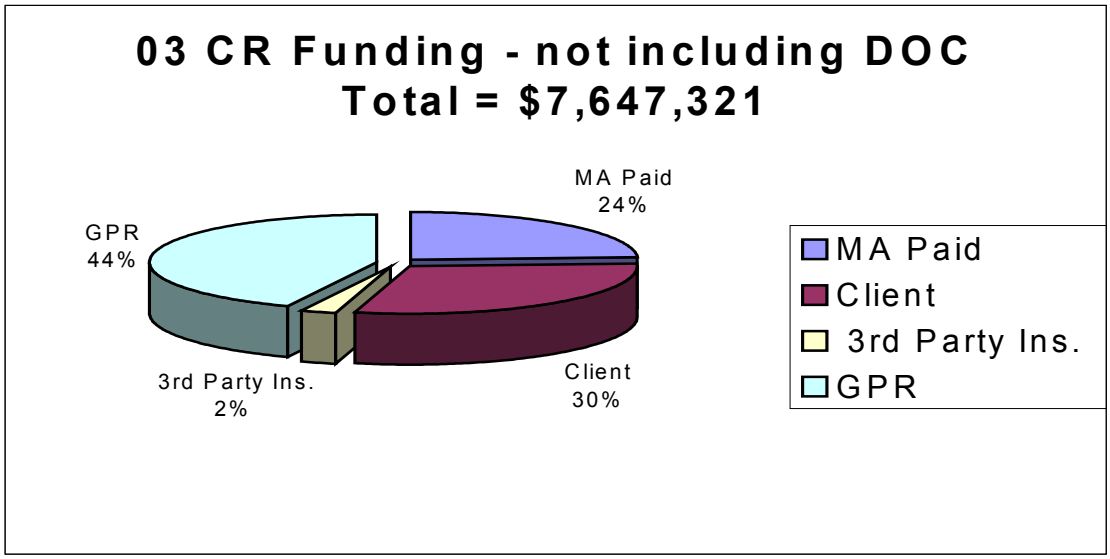

Employment
% Population
60%
50%
40%
30%
20%
10%
0%
47%
12%
6%
33.0%
1.0%
49%
8%
8%
29.0%
5.0%
52%
9%
7%
27.2%
3.5%
FY00
FY01
FY02
FY03
Competitive
Sheltered
Volunteer/Supportive
Not Employed/Retired
School


Diagnosis and AODA
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
38%
45%
4%
32%
34%
46%
3%
40%
30%
32%
3%
41%
33%
29%
2%
38%
FY00
FY01
FY02
FY03
Schizophrenia
Mood Disorder
DD
Co-occurring


Crime at Commitment
100%
75%
50%
25%
0%
64%
33%
92%
63%
26%
92%
65%
26%
90%
56%
32%
88%
FY00
FY01
FY02
FY03
Felony - violent
Felony - nonviolent
Total Felony


Crime at Commitment
14%
12%
10%
8%
6%
4%
2%
0%
1%
7%
8%
2%
8%
11%
3%
6%
8%
6%
6%
12%
FY00
FY01
FY02
FY03
Misdemeanor - violent
Misdemeanor - nonviolent
Total Misdemeanor


Placement Disruption
% of total Served
13%
12%
11%
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
7.3%
0.6%
2.3%
4.4%
7.0%
0.6%
1.1%
5.3%
8.0%
0.8%
1.0%
6.2%
12.3%
1.6%
2.9%
7.8%
FY00
FY01
FY02
FY03
% Revoked
Violent Offense
Nonviolent Offense
Other/Rule Violation

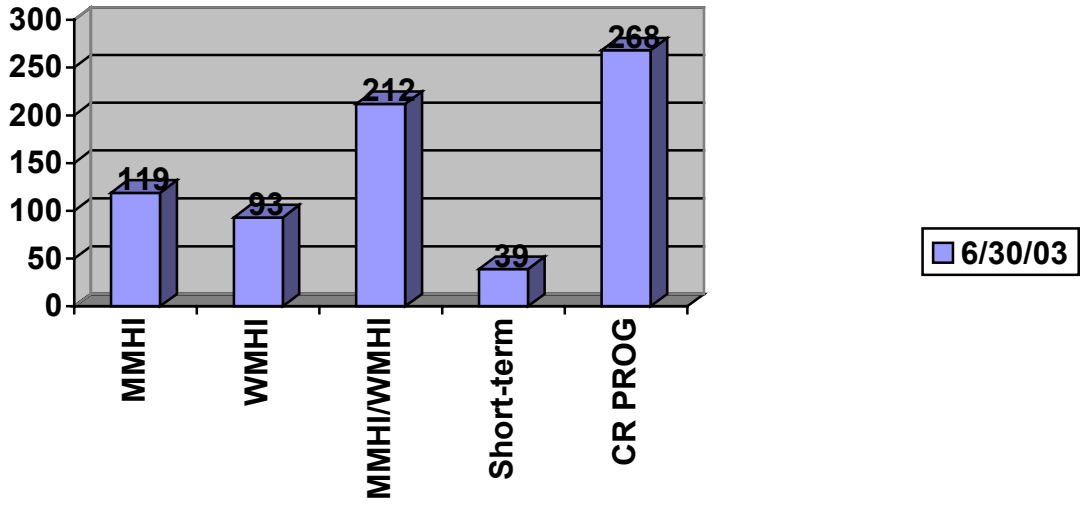

03 CR Funding - not including DOC
Total = $7,647,321
MA Paid 24%
GPR 44%
3rd Party Ins. 2%
Client 30%
MA Paid
Client
3rd Party Ins.
GPR

7
INSTITUTION COMPARISONS

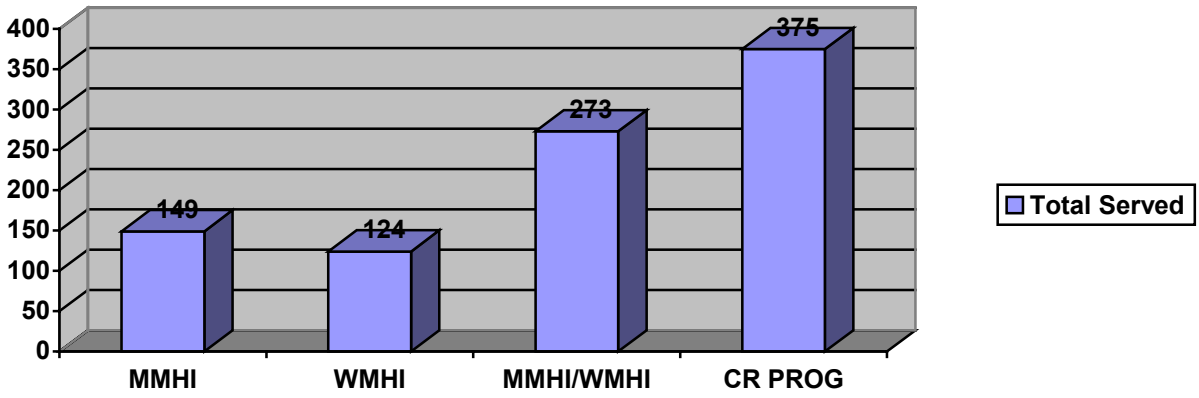
Population Demographics: 971.17 Patients

Population Totals

	MMHI	WMHI	MMHI/WMHI	CR Program	Total
06/30/2003	119	93	(212)	268	480



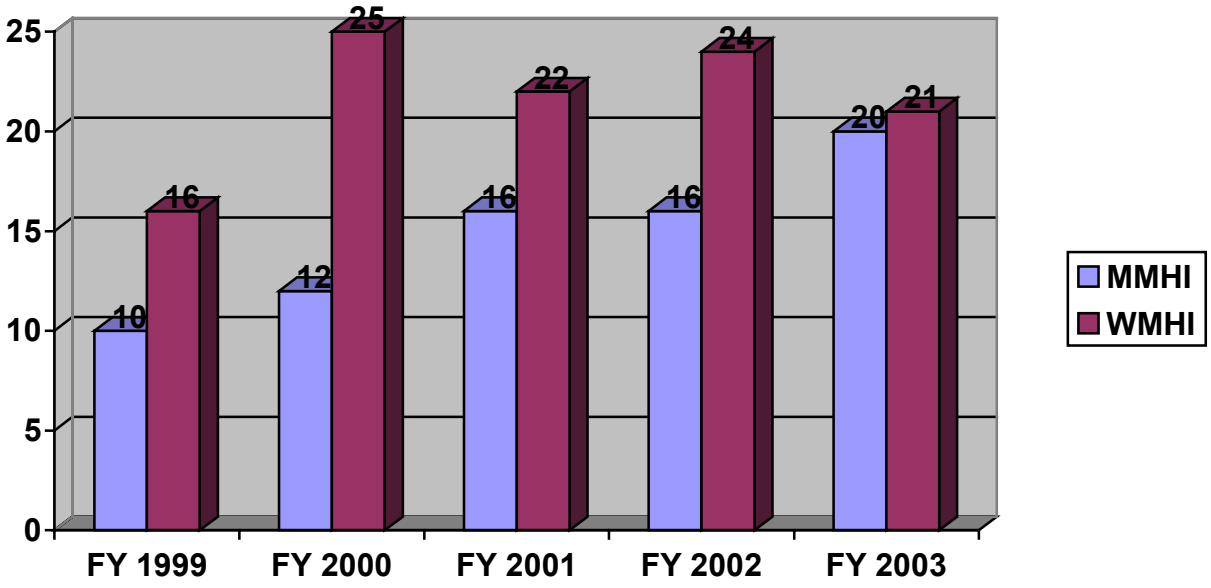
Total Served	MMHI	WMHI	MMHI/WMHI	CR Program	Total
	149	124	(273)	375	648



INSTITUTION COMPARISONS

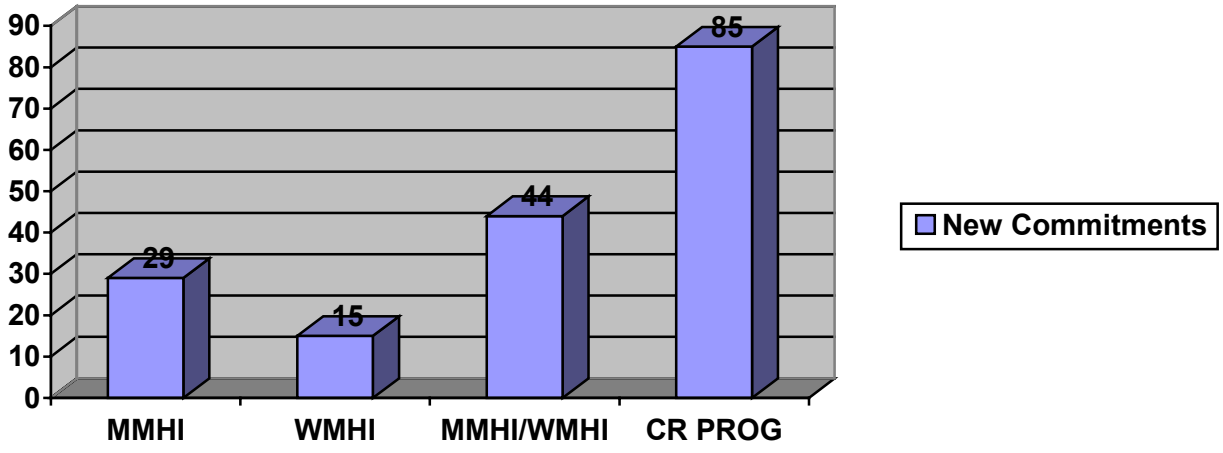
Patients Discharged on Maximum Release Date	MMHI	WMHI	CR Program
	12	5	55

Patients Discharged to Conditional Release Program



New 971.17

Commitments	MMHI	WMHI	MMHI/WMHI	CR Program	Total
	29	15	(44)	85	129



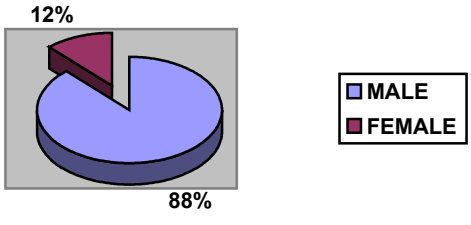
INSTITUTION COMPARISONS

Age

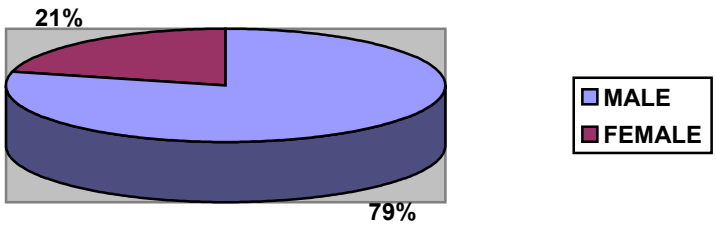
		MMHI	WMHI	Totals
06/30/2003	<21	4	3	7
	21-30	28	17	45
	31-40	29	28	57
	41-50	34	22	56
	51-60	17	15	32
	61-70	7	7	14
	>70	0	1	1

Gender		MMHI	WMHI	Total
06/30/2003	Male	119(100%)	68(73%)	187(88%)
	Female	0	25(27%)	25(12%)

MHI Combined



Conditional Release Program



OUTPATIENT COMPETENCY EVALUATION PROGRAM

JULY 1, 2002 – JUNE 30, 2003

1
PROGRAM MISSION STATEMENT

The mission of the Outpatient Competency Evaluation Program is two fold.

- To control the inpatient census
- To conduct these evaluations in the most appropriate setting to meet the needs of the patient.

The hypothesis going into this project was that approximately 75% of these individuals did not need to be evaluated in an inpatient setting. It was most important to evaluate them quickly in the jail setting and determine those who were in fact, incompetent to proceed to trial and facilitate a quicker transition into a treatment bed at one of the state's two mental health facilities. In this way, the needs of the clients would be served and the beds at the mental health facilities would more appropriately be used for treatment to competency.

2
STATEWIDE INITIATIVE

Approximately September, 2001, the Administrative decision was made that the Outpatient Competency Evaluation Program (OPCE) should expand statewide effective January 1, 2002. Therefore, a workgroup convened to develop an implementation plan to meet that expectation. There were extensive calls made by the Conditional Release Providers to all of the counties to determine whom the courts were using to conduct any forensic evaluations in order to expand the number of available local sub-contract providers, thereby lowering the cost per evaluation. The name of the provider group became the Wisconsin Forensic Unit (WFU) to more accurately reflect their mission rather than the Milwaukee Forensic Unit. The Wisconsin Forensic Unit developed a comprehensive training program to be held October 31, 2001 for all evaluators who would be under contract with the Wisconsin Forensic Unit to conduct competency evaluations on behalf of the DHFS. This was a highly successful training program and the purpose was to insure quality of evaluations and consistency in the type of evaluations and content in the evaluations statewide. The following other steps were put in place prior to implementation of the program statewide January 1, 2002:

- Procedures were updated from the Pilot Programs and expanded to include all counties in the State of Wisconsin
- Letters explaining the new program with the procedures for implementation attached were sent out to all counties in November, 2001.
- Counties were offered the option of having meetings with the DCTF staff in order to clarify any confusion as to procedure, etc. These meetings were held prior to the January 1, 2002 effective date.
- Administrative Directives were drafted for the Mental Health Institutes(MHI's) so they were aware of their role in the process and meetings were held with both MHI's prior to the effective date.
- A small database was developed to keep data on the system and allow report generation on the process, etc.
- A Governor's Bid waiver was requested and secured to allow the vendor with whom the DHFS has been contracting for 20 years to expand and continue providing the service to the

DHFS for the expanded statewide program. The waiver was granted in part due to the efforts put forth to include as many forensic clinicians statewide as possible in the sub-contractor network.

3
BUDGET ISSUES

The number of competency evaluations ordered by the courts exceeded the department's projections during the initial six (6) months (January, 2002 – June 30, 2002). Therefore, moving into FY03 (July 1, 2002 – June 30, 2003). It was projected that the budget would not cover the number of evaluations. From July 1, 2002 through October 31, 2002, the administration determined all evaluations other than those in Milwaukee, Waukesha, Racine and Kenosha counties (the Milwaukee Forensic Unit counties) must be temporarily conducted at the Mental Health Institutes (MHIs) until an alternative community based model could be developed and implemented. In November, 2002, a new "blended" model was implemented. Staff of the MHI's for the first time were sent into the communities to perform competency evaluations. The state was divided into three regions:

Wisconsin Forensic Unit:
Kenosha; Racine; Waukesha; Milwaukee; Ozaukee; Sheboygan; Manitowoc; Calumet; Kewaunee; Door; Outagamie; Waupaca; Menominee; Oconto; Marinette; Florence; Forest; Langlade; Shawano; Vilas; Oneida; Lincoln; Marathon; Clark; Taylor; Price; Iron; Ashland; Bayfieled; Sawyer; Rusk; Chippewa; Pepin; Dunn; Barron; Washburn; Douglas; Burnett; Polk; St. Croix; Pierce

Mendota Mental Health Institute (MMHI):
Walworth; Jefferson; Dodge; Washington; Green Lake; Waushara; Portage; Marquette; Columbia; Dane; Green; Rock; Lafayette; Iowa; Sauk; Juneau; Wood; Adams; Grant; Crawford; Richland; Vernon; Monroe; LaCrosse; Jackson; Trempeleau; Buffalo; Eau Claire

Winnebago Mental Health Institute (WMHI):
Brown; Winnebago; Fond du Lac

By developing the new "blended" model, the department was able to again prioritize conducting all competency evaluations outside of an inpatient setting and also live within the budget allocation it received to convert from an inpatient program to a community based program. This blended model also made possible a reduction in the use of inpatient beds being allocated for competency evaluations, allowing for additional treatment beds in the inpatient system.

4
RESULTS

Throughout the evolution of the conversion from a predominantly inpatient program in CY 2000 to a predominantly community based program in January, 2002, there has been a great deal of cooperation between the court system, the county human service departments, the jail staff, the Conditional Release (CR) contract providers, the Wisconsin Forensic Unit staff and the Division of Care and Treatment Facilities (DCTF) staff. The program has been exceptionally well received and given very positive feedback from counties, Judges, District Attorneys, Public Defenders, sheriff's departments and jail administrators. The forensic census at the MHI's began declining within 30 days. Within 90 days there were approximately 20 vacant forensic beds at Mendota Mental Health Institute (MMHI). The inpatient census increased slightly when the transition was made from WFU conducting all community based

competency evaluations to the "blended" model, expanding the evaluator pool to include the MHI evaluators, who may have been somewhat more conservative in their evaluations.

There were a total of 1001 evaluations completed between July 1, 2002 and June 30, 2003. 881 (88%) of these were conducted in the community, 120 (12%) were conducted at the MHI's. Of the total, 881 conducted in the community, WFU conducted 709(80%) and the MHIs conducted 172(20%). The cost per evaluation conducted by WFU in FY 03 was $1128 for a total cost of $800,000. This represents a cost savings of $579/evaluation or $410,511 for FY03.

5
SUMMARY AND CONCLUSIONS

This has been a year of transitions. The initial few months (July-October) were filled with confusion and anxiety over budget issues and concerns regarding bed space. The next months were spent re-educating counties and courts to use a modified system from the first statewide model to the "blended" model. Overall, the processes worked smoothly, all participants worked together in a positive manner in order to accomplish the stated mission: control the inpatient census and more importantly, conduct these evaluation in the most appropriate setting to meet the needs of the patients. The hypothesis that 75% of competency evaluations could be done in the community was not only accurate, it was a conservative estimate. We discovered 88% of the evaluations could successfully be conducted in the community. This is an excellent outcome for the patients whose conversion to a mental health treatment commitment was significantly quicker, but did as outlined, create initial budget concerns.

This year's data is based on essentially two separate systems which makes it very difficult to draw useful conclusions about the program, other than, the department was correct in it's assumption, we could successfully convert from using inpatient beds for evaluations to conducting them in the community for a significant cost savings without compromising the quality of the evaluations or the services to the patients. The fact that the courts and jails have given very favorable reviews to the program speaks to the fact that the program is working well.

Program wide, defendants were found incompetent to proceed and in need of treatment in 25% of cases. The data on admissions of individuals for treatment to competency indicates 20% of those evaluated were admitted for treatment. Therefore, the courts have accepted the findings by the department in 95% of cases, demonstrating confidence in the quality of evaluations being conducted by DHFS.

OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

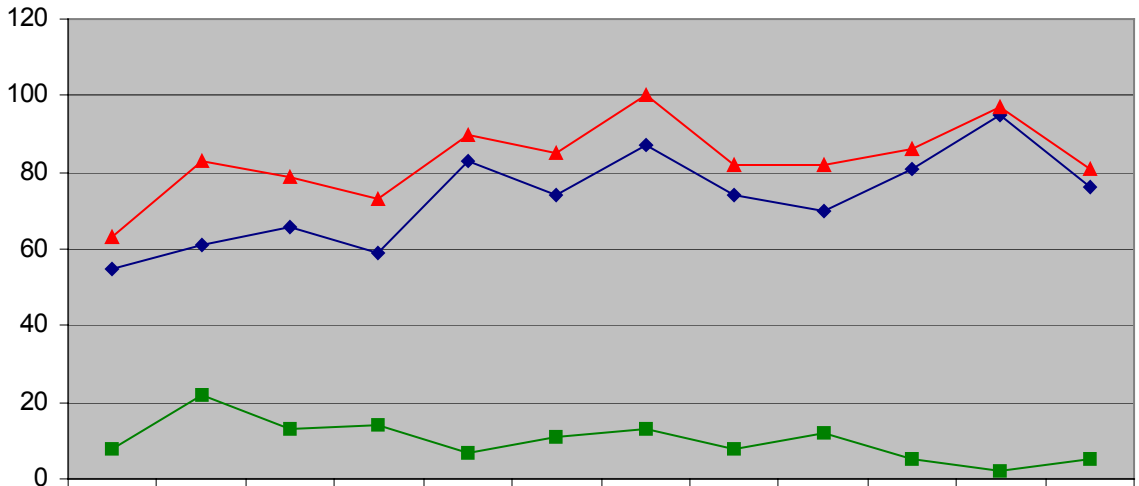
JULY 1, 2003-JUNE 30, 2003

RESULTS OF STATEWIDE PROGRAM

Competency Evaluation Data Summary (11/02 - 6/03)

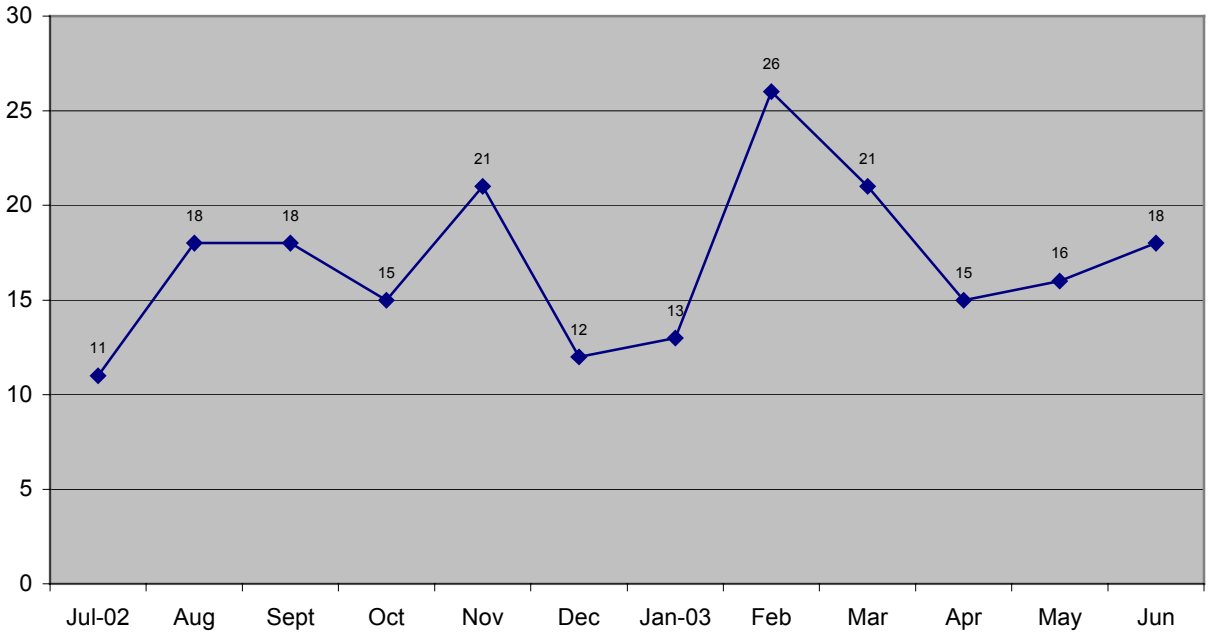
	WFU		MMHI		WMHI		Total	
Disposition of Evaluations	#	%	#	%	#	%	#	%
Competent	328	74.21%	61	57.55%	26	44.07%	415	68.37%
Incompetent	98	22.17%	29	27.36%	25	42.37%	152	25.04%
Inpatient 2nd Opinion	12	2.71%	2	1.89%	2	3.39%	16	2.64%
Inpatient Refusal	4	0.90%	9	8.49%	5	8.47%	18	2.97%
Inpatient Clinical	0	0.00%	5	4.72%	1	1.69%	6	0.99%
Total	442		106		59		607	
Demographics								
Gender								
Male	374	82.60%	90	84.90%	46	77.97%	510	82.52%
Female	79	17.40%	16	15.10%	13	22.03%	108	17.48%
Ethnicity								
American Indian	1	0.22%	1	0.94%	0	0.00%	2	0.32%
Asian	4	0.88%	1	0.94%	0	0.00%	5	0.81%
Black	233	51.43%	20	18.87%	2	3.39%	255	41.26%
Hispanic	17	3.75%	2	1.89%	0	0.00%	19	3.07%
Caucasian	162	35.76%	77	72.64%	19	32.20%	258	41.75%
Middle Eastern	2	0.44%	0	0.00%	0	0.00%	2	0.32%
Not Specified	34	7.51%	5	4.72%	38	64.41%	77	12.46%
Age								
<21	87	19.21%	10	9.43%	19	32.20%	116	18.77%
21-30	101	22.30%	25	23.58%	20	33.90%	146	23.62%
31-40	116	25.61%	24	22.64%	9	15.25%	149	24.11%
41-50	97	21.41%	30	28.30%	8	13.56%	135	21.84%
51-60	34	7.51%	13	12.26%	3	5.08%	50	8.09%
61-70	10	2.21%	2	1.89%	0	0.00%	12	1.94%
70+	2	0.44%	0	0.00%	0	0.00%	2	0.32%
Undetermined	6	1.32%	2	1.89%	0	0.00%	8	1.29%
Charges								
Felony	261	57.60%	67	63.21%	36	61.02%	364	58.90%
Misdemeanor	174	38.40%	38	35.85%	21	35.59%	233	37.70%
Traffic	18	4.00%	1	0.94%	2	3.39%	21	3.40%
Multiple Exams/Same Person	36	7.90%	1	0.94%	7	11.86%	44	7.12%

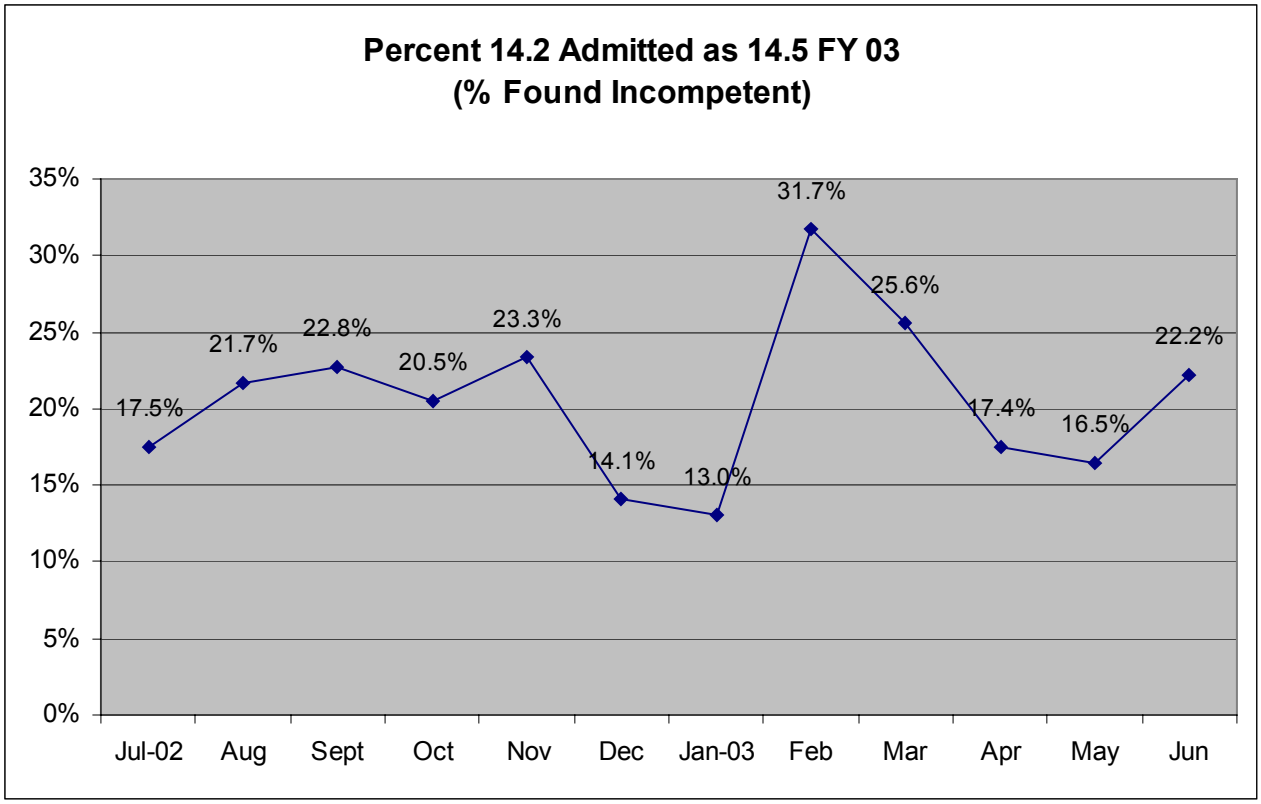
Competency (14.2) Evaluations FY 03

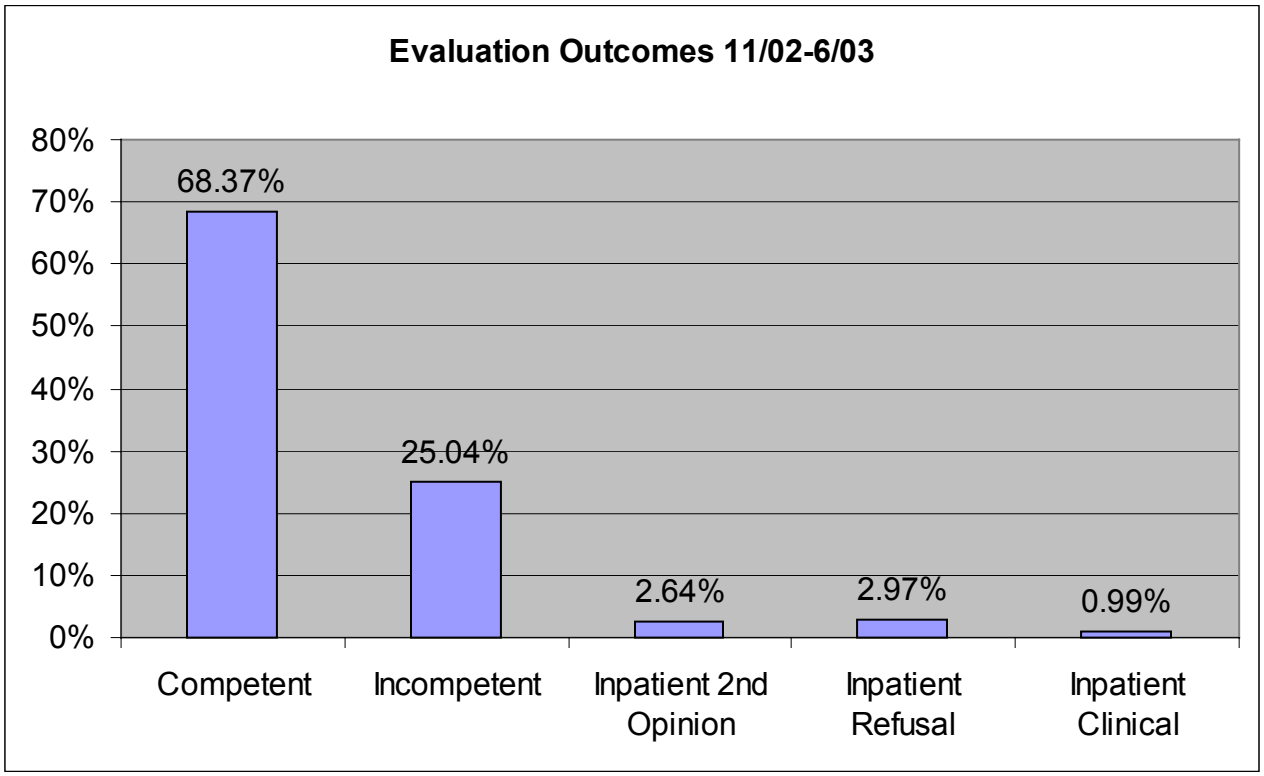


	Jul-02	Aug	Sept	Oct	Nov	Dec	Jan-03	Feb	Mar	Apr	May	Jun
Oupatient	55	61	66	59	83	74	87	74	70	81	95	76
Inpatient	8	22	13	14	7	11	13	8	12	5	2	5
Total	63	83	79	73	90	85	100	82	82	86	97	81

Treat to Competency (14.5) Admissions FY 03




Percent 14.2 Admitted as 14.5 FY 03
(% Found Incompetent)
35%
30%
25%
20%
15%
10%
5%
0%
17.5%
21.7%
22.8%
20.5%
23.3%
14.1%
13.0%
31.7%
25.6%
17.4%
16.5%
22.2%
Jul-02
Aug
Sept
Oct
Nov
Dec
Jan-03
Feb
Mar
Apr
May
Jun


Evaluation Outcomes 11/02-6/03
80%
70%
60%
50%
40%
30%
20%
10%
0%
68.37%
25.04%
2.64%
2.97%
0.99%
Competent
Incompetent
Inpatient 2nd Opinion
Inpatient Refusal
Inpatient Clinical